

Chelan-Douglas Health District
Environmental Health Division
200 Valley Mall Parkway, East Wenatchee, WA 98802
(509) 886-6450

FARMERS MARKET TREE FRUIT SAMPLING
UMBRELLA PERMIT APPLICATION

This application includes only those farmers markets that operate on a seasonal basis and serve samples of tree fruit to the public. This does not include any other fruits or vegetables or other potentially hazardous food. A separate permit application is required for each farmers market location.

FARMERS MARKET NAME _____

ON-SITE MANAGER'S/RESPONSIBLE PERSON'S NAME _____

DAY PHONE # _____ NIGHT PHONE # _____

MAILING ADDRESS _____ CITY _____ STATE ____ ZIP _____

LOCATION/ADDRESS OF FARMERS MARKET _____

MONTHS OPEN/HOURS OF OPERATION _____

Fee: \$75.00 for Annual Permit

MENU: PLEASE ATTACH A LIST OF TREE FRUITS THAT YOU INTEND TO OFFER AS SAMPLES TO THE PUBLIC AT THE FARMERS MARKET.

1. SOURCE OF *POTABLE WATER FOR RINSING FRUITS _____

SIZE OF *POTABLE WATER TANK _____ SIZE OF "DIRTY" WATER TANK _____

2. IS THERE A SEPARATE SINK OR BASIN FOR RINSING FRUITS? _____

3. DESCRIBE YOUR HAND WASH FACILITIES: _____

SIZE OF TANK FOR WARM WATER _____ SIZE OF WASTEWATER TANK _____

HOW IS WARM *POTABLE WATER SUPPLIED FOR HANDWASHING? _____

ARE PAPER TOWELS PROVIDED? _____ HAND SOAP? _____

4. DESCRIBE YOUR UTENSIL WASHING/SANITIZING FACILITIES: _____

5. DO YOU INTEND TO PROVIDE GLOVES/UTENSILS FOR HANDLING SLICED FRUIT? _____
6. WHAT RESTROOM FACILITIES ARE AVAILABLE FOR EMPLOYEES? _____
HOW FAR AWAY FROM THE FARMERS MARKET ARE THEY LOCATED? _____
7. HOW DO YOU INTEND TO PROTECT THE SLICED FRUIT FROM CONTAMINATION CAUSED BY INSECTS AND DUST? _____
8. HOW DO YOU INTEND TO PROTECT SAMPLES FROM CONTAMINATION BY CUSTOMERS? _____

9. DID YOU REMEMBER TO ATTACH A LIST OF FRUIT SAMPLES TO THE APPLICATION? _____

*Potable water means water from a Public water system or an approved Group A or Group B water system.

If any of this information changes, the on-site manager must notify the Health District at once. The permit is only valid for tree fruit sampling at the site described above and approved by this office.

In accordance with the provisions of all applicable health ordinances, rules and regulations, I hereby apply for a permit to operate a farmers market. I understand that:

1. It is a violation of state law to operate without a permit.
2. Re-inspection fees will be charged when more than 15 red points are found or 15 or more repeated red points are found in any one inspection.
3. The on-site manager is responsible for:
 - a) Meeting with all vendors, performing regular assessment visits to each site providing fresh fruit samples;
 - b) Providing guidance documents to the vendors promoting food safety (Chelan-Douglas Health District Fresh Tree Fruit Sampling Health & Safety Guidelines);
 - c) Providing guidance documents and signage to the public promoting food safety (supplied by Chelan-Douglas Health District);
 - d) Providing regular updates to the Health District (not less than monthly); and
 - e) Obtaining a valid Food Workers Card from the Health District. If the on-site manager is not at the site, the person left in charge must have a valid Food Workers Card.
4. The on-site manager is responsible for ensuring compliance with the Health District's Fresh Tree Fruit Sampling Health & Safety Guidelines. The on-site manager will address non-compliance by:
 - a) Educating food vendors on how to meet food safety requirements and comply with the Guidelines;
 - b) Prohibiting vendors from serving fruit samples if they are unwilling to comply with the Guidelines; and
 - c) Prohibiting vendors, who are still unwilling to comply with the Guidelines and discontinue serving fruit samples, from renting space or otherwise selling at the farmers market.
5. Permits are valid only for:
 - (a) The on-site manager/responsible person, fruit samples listed, the months open, hours of operation, and the site described above and approved by the Health District.
 - (b) Activities meeting requirements of WAC 246-215 - Rules and Regulations of the State Board of Health for Food Service and the Chelan-Douglas Health District Sanitary Code.

Signed _____ Date _____
(On-site Manager/Responsible Person)

Printed _____
(On-site Manager/Responsible Person)